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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/701,834
		Filing date	November 5, 2003
		First Named Inventor	Mark G. Torchia
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	21	Attorney Docket Number	22163-3003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input checked="" type="checkbox"/> Copy of the PTO Form 1533 (Rev. 9/97), Notice to File Missing Parts of Application <i>Filing Date Granted</i> <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney Document	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal C (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) please identify below: Assignment, Assignment Recordation Cover Sheet, Return Postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
Name (Print/Type)	Barbara A. Wrigley, Reg. No. 34,950
Signature	
Date	8/4/04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313 on this date: <u>8/4/04</u>	
Typed or printed	Brea K. Taken
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Date:	8/4/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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OPPENHEIMER: 2252527 v01 08/04/2004

**FREE TRANSMITTAL****for FY 2004**

Patent fees are subject to annual revision.

☒ Applicant Claims Small Entity**TOTAL AMOUNT OF PAYMENT** \$580.00

Complete if Known	
Application Number	10/701,834
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First Named Inventor	Mark G. Torchia
Examiner Name	
Group Art Unit	
Attorney Docket No.:	22163-3003

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Authorized to charge indicated fees or credit		3. ADDITIONAL FEES			
Deposit Acct No. Name:	50-1901 Oppenheimer Wolff & Donnelly LLP	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
<input checked="" type="checkbox"/> Charge Any Add'l Fee Required Under 37 CFR 1.16 and 1.17		1051 130	2051 65	Surcharge - late filing fee or oath	\$65.00
		1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
		1053 130	1053 130	Non-English specification	
		1812 2,520	1812 2,520	Filing a request for <i>ex parte</i> reexamination	
		1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
		1805 1,840*	1805 1840*	Requesting publication of SIR after Examiner action	
		1251 110	2251 55	Extension for reply within first month	
		1252 420	2252 210	Extension for reply within second month	
		1253 950	2253 475	Extension for reply within third month	\$475.00
		1254 1,480	2254 740	Extension for reply within fourth month	
		1255 2,010	2255 1,005	Extension for reply within fifth month	
		1401 330	2401 165	Notice of Appeal	
		1402 330	2402 165	Filing a brief in support of an appeal	
		1403 290	2403 145	Request for oral hearing	
		1451 1,510	1451 1,510	Petition to institute a public use proceeding	
		1452 110	2452 55	Petition to revive - unavoidable	
		1453 1,330	2453 665	Petition to revive - unintentional	
		1501 1,330	2501 665	Utility issue fee (or reissue)	
		1502 480	2502 240	Design issue fee	
		1503 640	2503 320	Plant issue fee	
		1460 130	1460 130	Petitions to the Commissioner	
		1807 130	1807 130	Processing fee under 37 CFR 1.17(q)	
		1806 180	1806 180	Submission of Information Disclosure Stmt	
		8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$40.00
		1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
		1801 770	2801 385	Request for Continued Examination (RCE)	
		1802 900	1802 900	Request for expedited examination of a design application	
		Other fee (specify) _____			
SUBTOTAL (1) \$0.00		SUBTOTAL (3) \$580.00			
2. EXTRA CLAIM FEES					
Claims - 20 =	Extra Claims	Fee	Fee Paid		
Ind. - 3 =		18/9			
Claims Multiple Dependent		86/43			
		290/145			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description			
18	9	Claims in excess of 20			
86	43	Independent claims in excess of 3			
290	145	Multiple dependent claim			
86	43	** Reissue independent claims over original patent			
18	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) \$0.00					
**or number previously paid, if great; For Reissues, see above					

SUBMITTED BY		Complete (if applicable)	
Name	Barbara A. Wrigley	Registration No.:	34,950
Signature		Telephone:	(612) 607-7595
		Date:	8/4/04